

**STATE OF ARKANSAS  
AMENDMENT TO PROFESSIONAL / CONSULTANT SERVICES  
INSTRUCTION SHEET**

**LINE ONE:** Enter the contract number, date and amendment number. The contract number is the same as the original contract number and will remain on all subsequent amendments.

**1. CONTRACTING PARTIES**

Enter the Agency number /name and legal vendor name.

**2. NEW CONTRACT EXPIRATION DATE**

If you are extending a contract, enter the new expiration date. You cannot extend a contract if it has expired.

**3. PURPOSE OF AMENDMENT**

Give a brief, concise reason for amending the original contract.

**4. AMENDED DOLLAR AMOUNT**

Fill in the blanks as necessary. Remember if you are decreasing funds list the numbers as a negative ( - ) dollar amount.

**5. NEW AND/OR REVISED ATTACHMENTS**

Attached any new or revised attachment to the back of the amendment.

**6. SIGNATURES**

For this amendment to be valid and prior to submittal to Dept of Finance an Administration, Contractor and Agency Director must sign and date where indicated.

**7. AGENCY CONTACT PERSON FOR QUESTION(S) REGARDING THIS CONTRACT**

List name and title of Agency Representative that can answer questions concerning this amendment . Provide name and address to whom approved amendment should be mailed.

**8. SOURCE OF FUNDS**

Designate in the space provided the percentage from Federal, State, Cash, Trust and Other funds to be used in payment. Indicate the source of any Federal, Cash, Trust or Other funds used. If there is no change to the funding from the original contract, Leave this section blank